

PART B - FEE(S) TRANSMITTAL

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23125 7590 04/05/2007
FREESCALE SEMICONDUCTOR, INC.
 LAW DEPARTMENT
 7700 WEST PARMER LANE MD:TX32/PL202
 AUSTIN, TX 78729

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Dora Hudgins

(Depositor's name)

Dora Hudgins

(Signature)

May 24, 2007

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/721,196	11/25/2003	Harold M. Martin	SC13232TH	5515

TITLE OF INVENTION: NETWORK MESSAGE PROCESSING USING INVERSE PATTERN MATCHING

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	07/05/2007
EXAMINER	ART UNIT	CLASS-SUBCLASS				
HOLMES, MICHAEL B	2121	706-048000				

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563).
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Michael P. Noonan
 2 Joanna G. Chiu
 3 Ranjeet Singh

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Freescale Semiconductor, Inc.

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Austin, Texas

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

Issue Fee
 Publication Fee (No small entity discount permitted)
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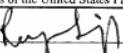
A check is enclosed.
 Payment by credit card. Form PTO-2038 is attached.
 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number **503079** (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature 

Date **5/24/07**

Registration No. **47,093**

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